

(File this application via e-docket, or if unable to do so, file one original verified application with the Chief Clerk.)

2007 SEP 26 A 10:40

Docket No.

CHIEF CLERK'S OFFICE

Please provide the appropriate information in the () areas in the heading below.

Equal Access Communications, LLC

dba Equal Access

Application for a certificate of
interexchange authority to operate
as a reseller of telecommunications
services in in the State of Illinois.

02-0648

**APPLICATION FOR CERTIFICATE TO BECOME A
TELECOMMUNICATIONS CARRIER**

(Use additional sheets as necessary.)

GENERAL

1. Applicant's Name(including d/b/a, if any)
Equal Access Communications, LLC d/b/a Equal Access

FEIN # 02-0557680

Address: Street 420 Live Oak Blvd.

City Casselberry State/Zip FL 32707

2. Authority Requested: (Mark all that apply) ☐ 13-403 Facilities Based Interexchange

☒ 13-404 Resale of Local and/or Interexchange

☐ 13-405 Facilities Based Local

3. Request for waivers/variances: In applications for local exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance.

☒ Part 710 Uniform System of Accounts for Telecommunications Carriers

☒ Part 735 Procedures Governing the Establishment of Credit, Billing, Deposits,
Termination of Service and Issuance of Telephone Directories for
Local Exchange Telecommunications Carriers in the State of Illinois

☐ Section 735.180 Directories

☐ Other

4. For all applicants requesting local exchange authority under Section 13-404 or Section 13-405, please complete the following:

NOT APPLICABLE

- (a) the Standard Questions for Applicants Seeking Local Exchange Service Authority found in Appendix A of this document
- (b) the 9-1-1 Questions for Applicants Seeking Local Exchange Service Authority found in Appendix B of this document;
- (c) the Financial Questions for Applicants Seeking Local Exchange Service Authority found in Appendix C of this document; and
- (d) if applicable, the Prepaid Service Questions for Applicants Seeking Local Exchange Service Authority found in Appendix D of this document.

5. In what area of the state does the Applicant propose to provide service?

Applicant intends to provide service throughout the State of Illinois.

6. Please attach a sheet designating contact persons to work with Staff on the following:

Attached as Exhibit A.

- a) issues related to processing this application
- b) consumer issues
- c) customer complaint resolution
- d) technical and service quality issues
- e) "tariff" and pricing issues
- f) 9-1-1 issues
- g) security/law enforcement

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address.

7. Please check type of organization?

☐ Individual

☐ Corporation

☐ Partnership

Date company was formed March 5, 2002

In what state? New Jersey

☒ Other (Specify) Limited Liability Company

8. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois.

A copy of the Applicant's Articles of Organization is attached as Exhibit B.

9. List jurisdictions in which Applicant is offering service(s).

Applicant currently has authority to provide intrastate services in a number of states which do not regulate the resale telecommunications services.

10. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

☐ YES (Please provide details) ☒ NO

11. Have there been any complaints or judgements levied against the Applicant in any other jurisdiction?

☐ YES ☒ NO

If YES, describe fully. _____

12. Has Applicant provided service under any other name?

____ YES ☒ NO

If YES, please list. _____

13. Will the Applicant keep its books and records in Illinois? ____ YES ☒ NO

If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested.

Applicant will locate principle operations in Florida. Should Applicant be required to keep its books and records within the State of Illinois, a significant hardship would be imposed on the Applicant, resulting in a diversion of financial resources that otherwise would be utilized to increase network efficiency and service offerings which would directly benefit consumers. Moreover, no public benefit would balance this private hardship as the Applicant will readily provide any necessary information to the Commission on request. Therefore, Applicant requests that pursuant to 83 Ill. Adm Code Part 250, the Commission allow Applicant to continue to maintain its books and records in Florida.

MANAGERIAL

14. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms.

Attached as Exhibit C.

15. List officers of Applicant.

Also attached in Exhibit C is a list of officers.

16. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services? ____ YES ☒ NO

If YES, list entity. _____

17. How will Applicant bill for its service(s)? (At a minimum, describe how often the Applicant will bill for service and details of the billing statement.)

Applicant will bill customers through the local exchange carrier.

18. How does Applicant propose to handle service, billing, and repair complaints? (At a minimum, describe Applicant's internal process for complaint resolution, the complaint escalation process, the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission?)

Applicant will establish a customer service department to handle customer inquiries and complaints. Customers will reach the customer service department by using a toll free number. If unable to reach a resolution, complaints will escalate to Sue Golden. If resolution is not possible, the customer will be informed that they may seek assistance from the Illinois Commerce Commission.

19. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? X YES _____ NO

20. What telephone number(s) would a customer use to contact your company?

Customer may contact the company toll free at (800) 875-0609.

21. Will Applicant abide by all Federal and State slamming and cramming laws pursuant to Section 13-902 of the Public Utilities Act and Section 258 of the 1996 Telecommunications Act?

X YES _____ NO

22. Please describe applicant's procedures to prevent slamming and cramming of customers?

Applicant confirms all orders to change long distance service in accordance with one of three verification procedures established by the FCC.

23. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 730, 735, 755, 756, 757, 770, and 772?

Not Applicable.

_____ YES _____ NO (If no, please provide an explanation.)

24. Is Applicant aware that it must file tariffs prior to providing service in Illinois?

X YES _____ NO

FINANCIAL

25. Please attach evidence of Applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.

Attached as Exhibit D.

TECHNICAL

26. Does Applicant utilize its own equipment and/or facilities? _____ YES **X** NO

If YES, please list the facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities:

If NO, which facility provider(s)'s services does the Applicant intend to use?

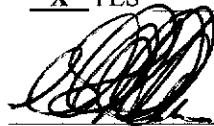
27. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, data services, local service, prepaid local service).

Applicant will be providing resold long distance service.

28. Will technical personnel be available at all times to assist customers with service problems?

_____ YES **X** NO*

29. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls? **X** YES _____ NO



(Signature of Applicant)

*Applicant will be available during normal business hours to assist with customer service problems.

VERIFICATION

This application shall be verified under oath.

OATH

State of FL.)
County of Seminole)ss

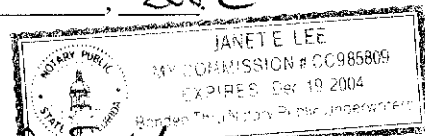
David D. Allen, makes oath and says that he is the **Member of Equal Access Communications, LLC** that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.



(Signature of affiant)

Subscribed and sworn to before me, a Notary Public/ Janet E Lee
(Title of person authorized to administer oaths)

in the State and County above named, this 9 day of April, 2002



Janet E Lee
(Signature of person authorized to administer oath)